

APPLYING HEALTH EQUITY CONCEPTS TO COMMUNITY WORK

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LEGAL TECHNICAL ASSISTANCE



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HEALTH EQUITY HEALTH DISPARITIES HEALTH INEQUITIES SOCIAL DETERMINANTS OF HEALTH



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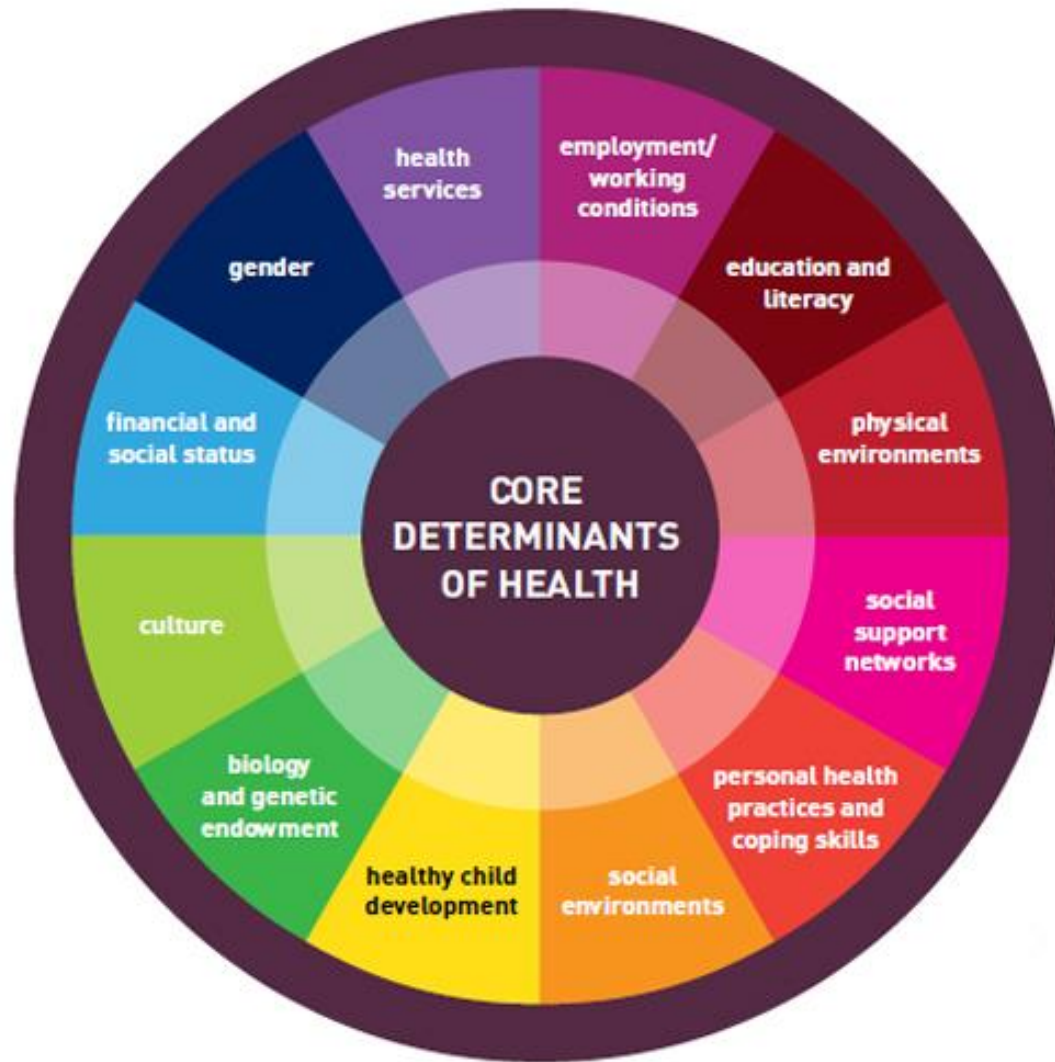
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WHAT DOES IT MEAN?

Health Disparities	Health Inequities
Health disparities are differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes	Health inequities are a subset of health inequalities that are modifiable, associated with social disadvantage, and considered ethically unfair.
EXAMPLE: Increased risk of sickle cell disease in African Americans	EXAMPLE: Increased rates of asthma hospitalization in children living near freeways
EXAMPLE: The increased risk of breast cancer in women	EXAMPLE: Lower life expectancies for African Americans living in low-income neighborhoods
OTHER EXAMPLES?	OTHER EXAMPLES?

FANCY PHRASE



**COMPREHENSIVE
APPROACH**

www.forces.gc.ca/en/about-reports-pubs-health/surg-gen-mental-health-strategy-ch-2.page

Policy Example

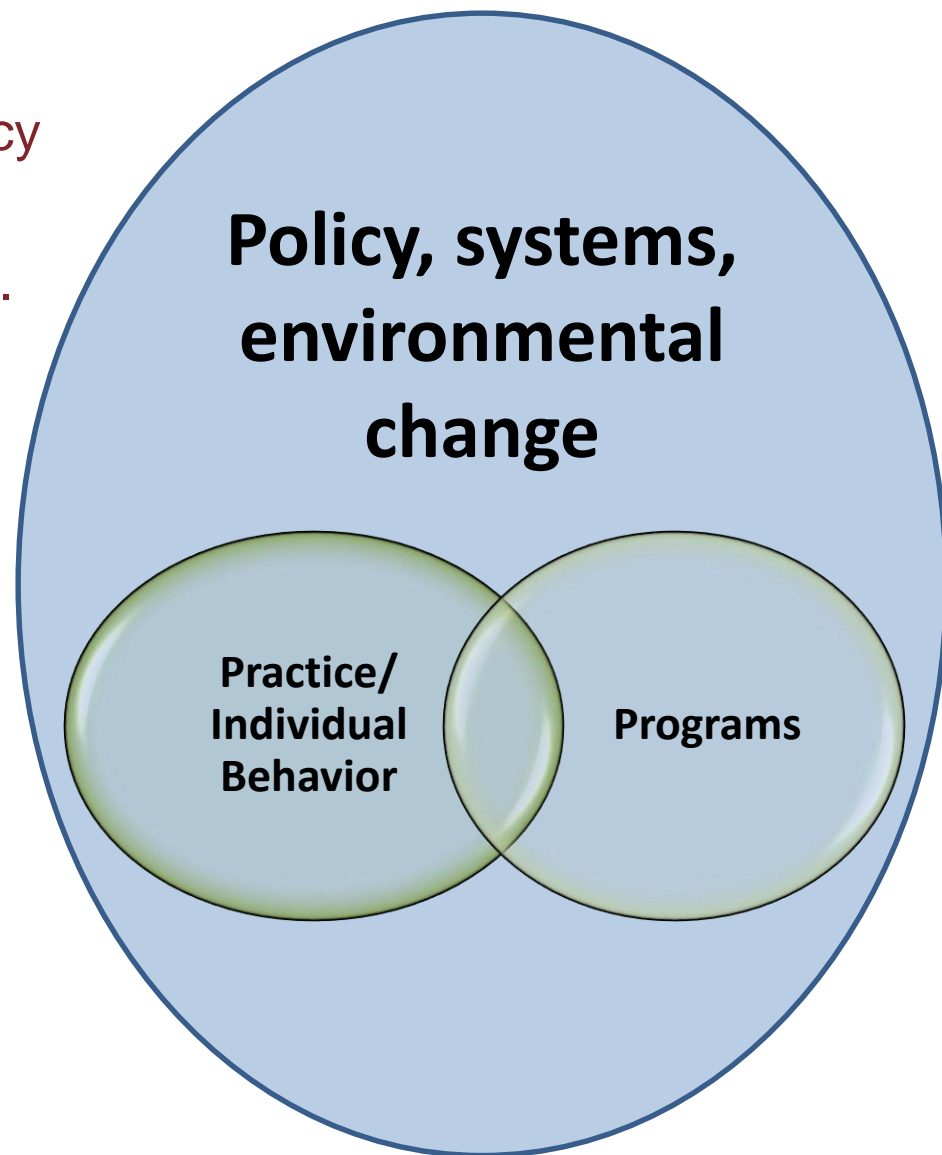
A voluntary school wellness policy that ensures food and beverage offerings meet certain standards.

Systems Example

The integration of tobacco screening and referral protocols into a hospital system.

Environmental Example

A change to street infrastructure that enhances connectivity and promotes physical activity.



IMPLICIT BIAS AND PUBLIC POLICY

- Most policies are *facially* neutral (i.e. race silent) but not neutral in application—i.e. they have negative or positive racial impacts.
- Negative impacts that increase or support health inequities may or may not have been intentional. Positive impacts often require intentionality.
- When impacts are not consciously considered during the lawmaking/decision-making process, there is more likelihood that negative impacts will result-- implicit bias is the default.

<http://grenetwork.org/wp/wp-content/uploads/2014/04/An-Introduction-to-Racial-Equity-Assessment-Tools.pdf>

WHAT'S THE ELEPHANT IN THE ROOM?



WHAT'S THE ELEPHANT IN THE ROOM?



Geographic inequities?

Structural racism?

Cyclical/Generational poverty?

Other forms of structural inequities?

White privilege?

Immigration?

Trial Sovereignty?

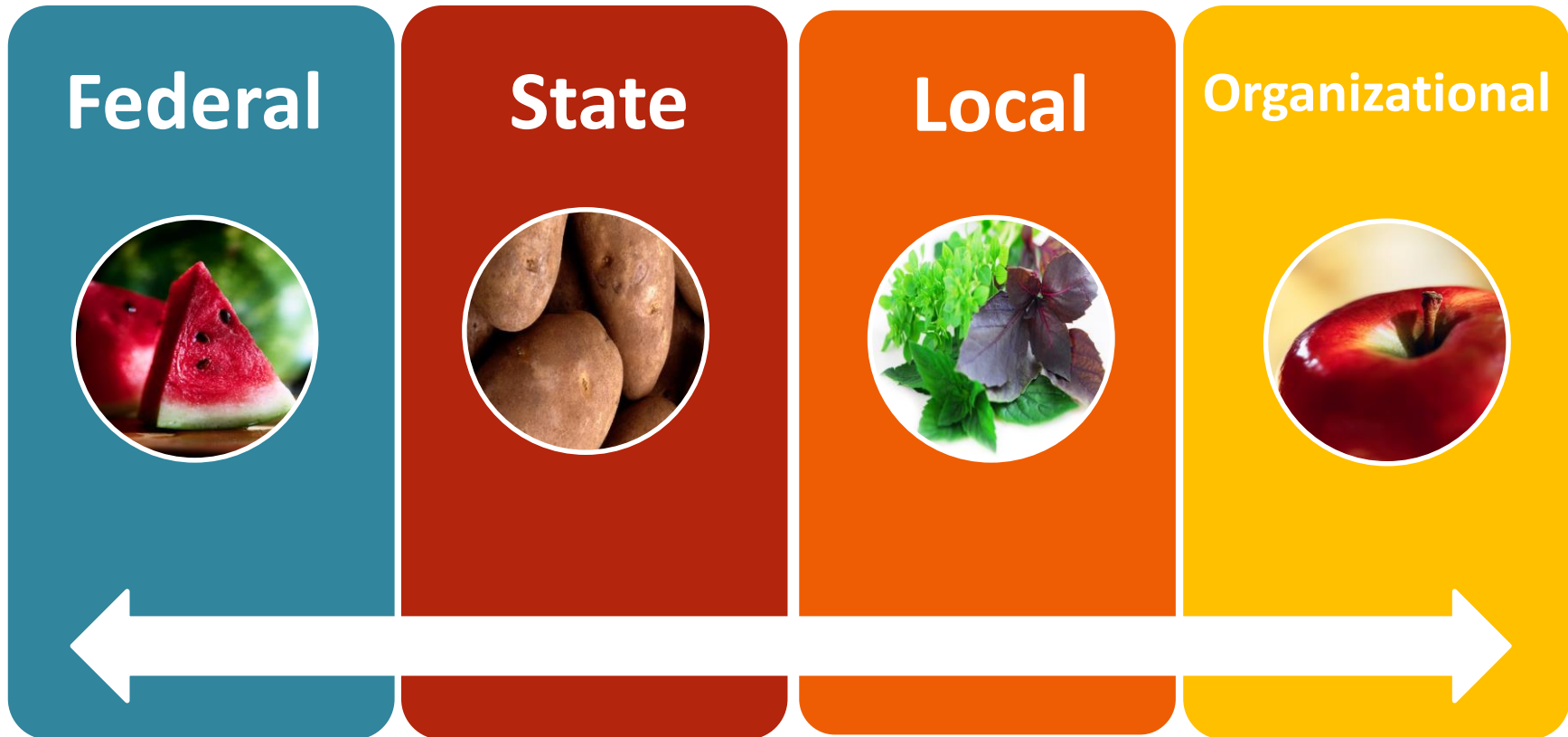
Political Partisanship?

NAME THE ELEPHANT(S)

Meet Generational
Poverty



WHAT POLICIES IMPACT HEALTH INEQUITIES?



GIVE BACK POWER

“Efforts that do not start with treating community leaders and residents as equal partners cannot later be reengineered to meaningful share power.”

<https://nonprofitquarterly.org/2017/01/09/collaborating-equity-justice-moving-beyond-collective-impact>



ENCOURAGE COMMUNITY AND STAKEHOLDER COLLABORATION IN DEVELOPMENT DECISIONS



WHAT DOES THIS MEAN?

Community led
Community driven
Participatory effort

HOW DO YOU DO IT?

Use other connections

No pre-set plan

Ask 350 times

Ask in person

Go to them

Make it convenient

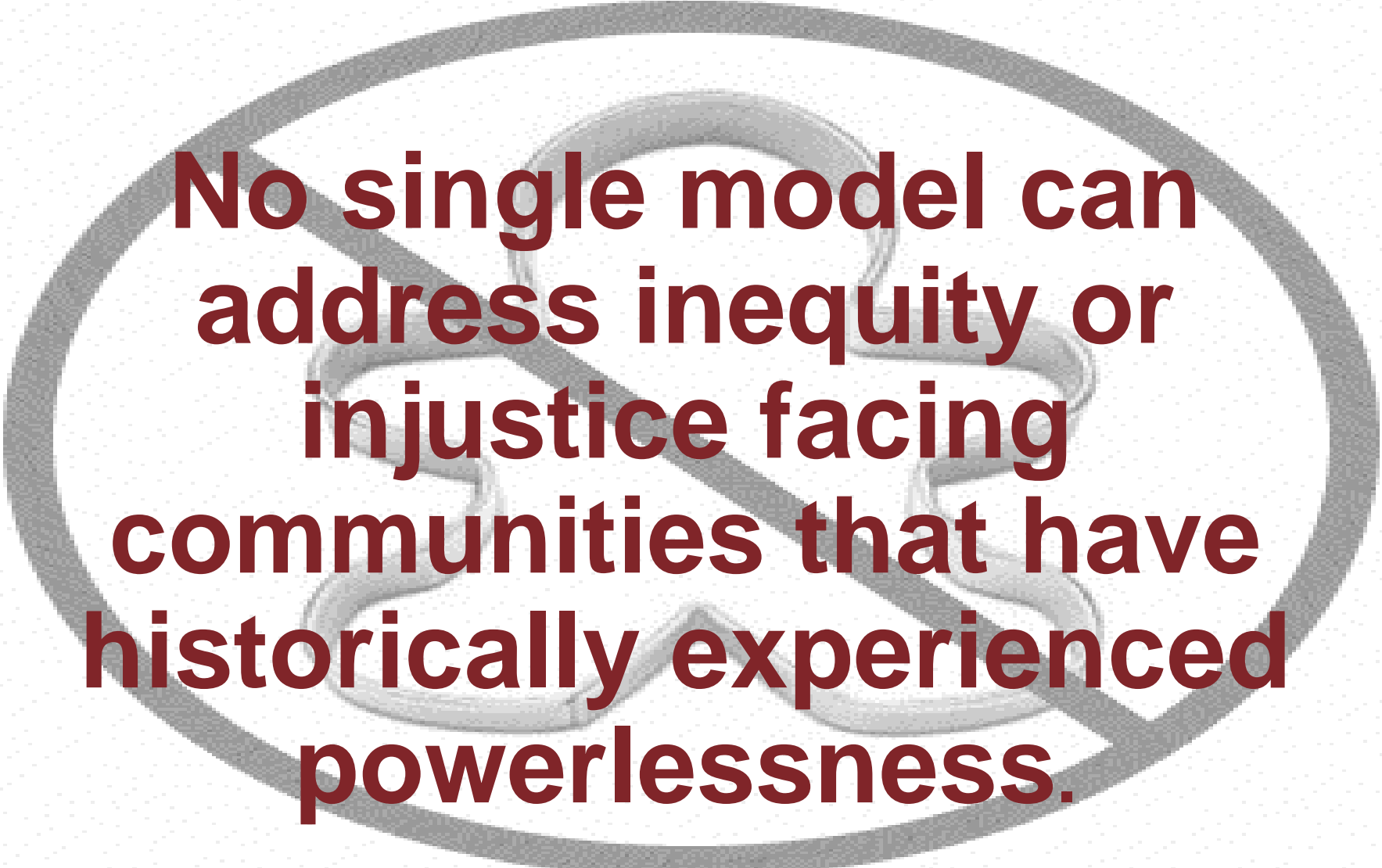


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**No single model can
address inequity or
injustice facing
communities that have
historically experienced
powerlessness.**

<https://nonprofitquarterly.org/2017/01/09/collaborating-equity-justice-moving-beyond-collective-impact>

CHOICE POINTS FRAMEWORKS

- Decision-making opportunities influence outcomes.
- Impacts of many small choices can be as significant as the impacts of one big decision.
- Being intentional about choice points and the related impacts makes us less likely to replicate implicit bias and the status quo and more likely to pursue new possibilities for equitable change.

<http://grenetwork.org/wp/wp-content/uploads/2014/04/An-Introduction-to-Racial-Equity-Assessment-Tools.pdf>

USING CHOICE POINTS TO ADVANCE EQUITY

- 1) Identify a Choice Point
- 2) Assess Impacts
- 3) Generate Options
- 4) Decide Action
- 5) Change Habits

www.buildinitiative.org/Portals/0/Uploads/Documents/resource-center/community-systems-development/3B%2012%20Advancing%20Equity%20Choice%20Points%20Questions.pdf

HISTORICAL DRIVERS OF RACIAL SEGREGATION AND ISOLATION OF COMMUNITIES OF COLOR



<http://wearewyandotte.com/gallery/heat-report-summary/>

HISTORICAL CONTEXT

- Response in 1930's in the wake of the Great Depression
- Federal government created the Home Owner's Loan Corporation (HOLC)
- HOLC insured refinanced loans
- To protect taxpayer money, HOLC initiated a neighborhood assessment process

REDLINING EXAMPLE

- Rating of neighborhoods A,B,C or D in increasing order for insurance risk
- The highest risk, D- rated neighborhoods were considered “redlined” for home loans
- Damaging to whole neighborhoods, rather than individual property evaluation



HOLC

Assessors evaluated whole neighborhoods as a piece

Assessed all neighborhood residents, basing risk assessments on assumptions about the people who lived in the homes to be refinanced

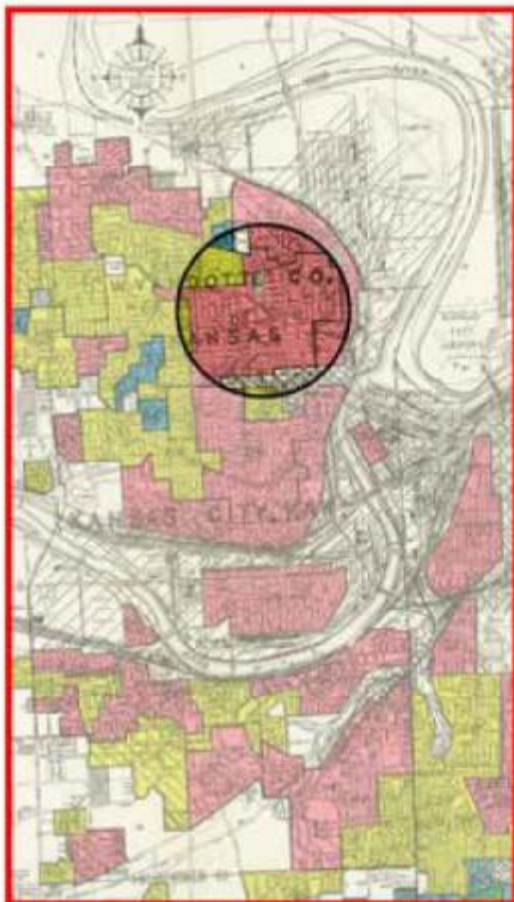
Assessments today

Evaluate parcels individually, within the context of surrounding property values

Evaluate only the land and improvements on a parcel



D-RATED AREA MAP AND DESCRIPTION



AREA DESCRIPTION

Security Map of Greater Kansas City

1. POPULATION: a. Increasing _____ Decreasing _____ Stable Yes _____
- b. Class and Occupation _____ Industrial laborers _____
- c. Foreign Families _____ % Nationalities _____ Few mixed _____ d. Negro 27 %
- e. Shifting or Infiltration _____ Negroes _____

This large rambling area is occupied almost entirely by negroes, there being a smattering of whites between 5th and 7th Streets and in the other parts of the outer fringe at the south and west. The ground is rolling to hilly with several draws and gullies, houses old and poorly kept as in all negro areas. It is spotty, there being between 5th and 7th Streets, from State north to Freeman, some good houses occupied largely by white people, with values depressed and sales very poor due to the negro influence and continued infiltration. Between Washington and Oakland, 11th to 13th Streets, is a small section of good houses several of which cost above \$10,000, occupied by the higher income negroes. Between Stewart and Cleveland from 3rd to 7th Streets, the houses are of much better grade than those found throughout the colored portions of the area excepting the spot just mentioned above. The area is adequately served in the matters of schools, transportation and utilities. Negroes in this large area wield important political influence with a wider latitude of freedom than is enjoyed by negroes on the Missouri side. As a whole it is a spotty section, a typical negro area with very little pride of ownership evident. Demand for property has been slow with the great majority of houses in the cheaper class, very few selling above \$3000.

9. LOCATION Kansas City, Kansas SECURITY GRADE Fourth AREA NO. D-3 DATE 2-1-39

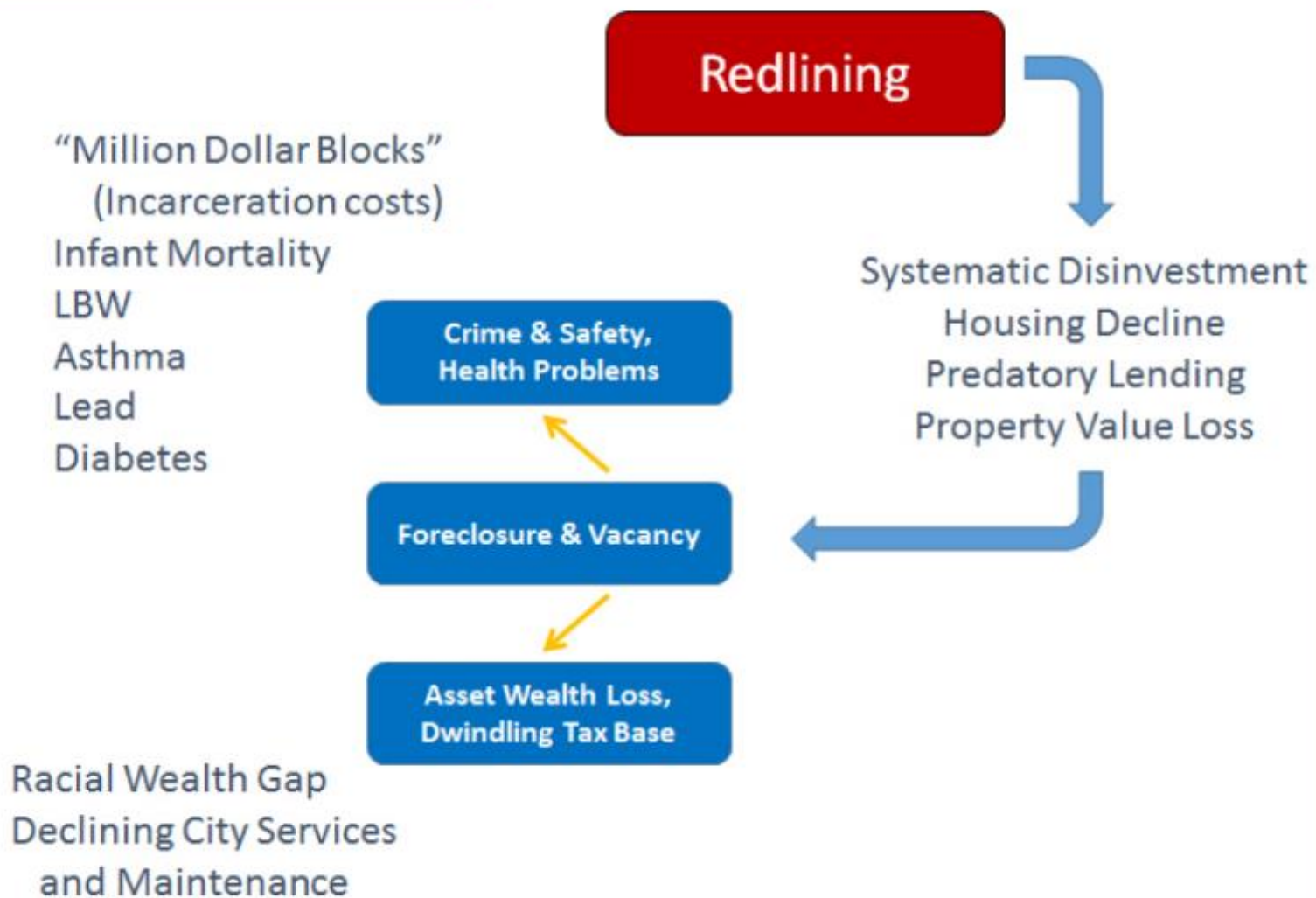


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IMPACTS OF NEIGHBORHOOD CONDITIONS

- People whose neighborhoods lack parks, green open spaces, or trees and whose neighborhoods have high crime rates, have less access to safe places to play or walk.
- People in low-income neighborhoods often have less access to affordable, healthy food retail options, and have more access to cheap fast-food outlets.
- Rates of violent crime and interpersonal violence are higher in neighborhoods with a high density of alcohol outlets.

OTHER EXAMPLES



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APPLYING CHOICE POINTS

Rural community (population 1000) received funding for built environment investment from a non-profit. City leaders need to figure out where to invest the money. There is no comprehensive plan or ordinances about prioritizing projects. There is a local grocery/convenience store owner that has been having problems, and would like the money to go for streets and sidewalks on her block to increase foot traffic. Another vocal group is interested in using the funds to connect a park with a local trail. There is a pocket of houses where the majority of folks are low income and divided by railroad tracks. There are also many elderly community members that live 1-5 miles outside the city limits.

USING CHOICE POINTS TO ADVANCE EQUITY

- 1) Identify a Choice Point
- 2) Assess Impacts
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www.buildinitiative.org/Portals/0/Uploads/Documents/resource-center/community-systems-development/3B%2012%20Advancing%20Equity%20Choice%20Points%20Questions.pdf

IDENTIFYING AND UNDERSTANDING HEALTH INEQUITIES

- Do Not Rely on Assumptions About What Health Inequities Exist in Your Community
 - health inequities in your community may differ from national and state data or other surrounding communities
- Gain a Comprehensive Understanding of the Identified Health Inequities
- Use Appropriate Tools to Identify Health Inequities
- Engage Community Members and Partners in Data Collection and Interpretation

HEALTH EQUITY IMPACT ASSESSMENT

- Identifying Stakeholders
- Engaging Stakeholders
- Identifying and Documenting Health Inequities
- Examining the Causes
- Clarifying the Purpose
- Considering Adverse Impacts
- Advancing Equitable Impacts
- Examining Alternatives or Improvements
- Ensuring Viability and Sustainability
- Identifying Success Indicators

A PRACTITIONER'S GUIDE FOR
ADVANCING HEALTH EQUITY
Community Strategies for Preventing Chronic Disease



National Center for Chronic Disease Prevention and Health Promotion
Division of Community Health



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Design and Implement with Health Equity in Mind

To maximize health impact and advance health equity, consider these factors and others when designing, implementing, and evaluating community food retail strategies:

KEY FACTORS	BARRIERS OR UNINTENDED CONSEQUENCES	OPPORTUNITIES TO MAXIMIZE IMPACT
COMMUNITY AWARENESS & INVOLVEMENT Ensure community engagement in and awareness of healthy food retail projects	Decisions about food availability may not reflect the needs and desires of community residents including perceptions of what is culturally appropriate.	<ul style="list-style-type: none">• Engage populations experiencing health inequities in community food assessments, GIS mapping, and other efforts to assess food access.• Ensure those selected for food policy councils and other food initiatives designed to improve the food environment have an understanding and the capacity to address health disparities affecting certain population groups.• Increase residents' awareness of new healthy food retailers, incentives for purchasing healthy foods (e.g. Double Up Food Bucks program¹⁰⁹), and healthy food preparation.

Design and Implement with Health Equity in Mind

To maximize health impact and advance health equity, consider these factors and others when designing, implementing, and evaluating street infrastructure and transportation strategies:

KEY FACTORS	BARRIERS OR UNINTENDED CONSEQUENCES	OPPORTUNITIES TO MAXIMIZE IMPACT
INCLUSIVE DECISION MAKING & DESIGN Ensure decision processes accommodate people with special needs	People with special needs, such as the elderly and people with disabilities, may be overlooked in the design and implementation of street infrastructure and transportation strategies.	<ul style="list-style-type: none">• Work with transportation planners to engage people with special needs in planning and implementation processes.• Encourage transportation planners to include guidelines and strategies developed specifically for people with special needs.• Use inclusive language when discussing such strategies (e.g., “walk, bike, and roll” has been used to include those in wheelchairs).

Design and Implement with Health Equity in Mind

To maximize health impact and advance health equity, consider these factors and others when designing, implementing, and evaluating smoke-free multi-unit housing policies:

KEY FACTORS	BARRIERS OR UNINTENDED CONSEQUENCES	OPPORTUNITIES TO MAXIMIZE IMPACT
MISPERCEPTIONS Clarify intent and address misperceptions about smoke-free multi-unit housing strategies	Organizations that work on behalf of low-income residents (e.g., residents' rights organizations, affordable housing groups) may have misconceptions about the intent or effects of smoke-free multi-unit housing strategies.	<ul style="list-style-type: none">• Ensure residents and owners understand that the smoke-free policy is designed to promote a healthy home environment and reduce secondhand smoke exposure—not to remove smokers or prevent new smokers from moving in, as long as they comply with the policy.• Consider working across different types of multi-unit housing (e.g., public, affordable, and market-rate) to show everyone deserves clean air and prevent concerns about discrimination.

APPENDIX D

HEALTH EQUITY CHECKLIST: CONSIDERING HEALTH EQUITY IN THE STRATEGY DEVELOPMENT PROCESS

The Health Equity Checklist provides questions for consideration when designing a strategy to ensure health equity remains central to all aspects of an initiative.

STEP 1: IDENTIFY

Clearly identify health inequities and protective factors in both health outcomes and community conditions across population groups and geographic areas through the use of existing data, community input, and environmental assessments.

STEP 2: ENGAGE

Include and meaningfully engage representatives of population(s)/area(s) defined in Step 1 in your partnerships, coalitions, or on leadership teams.

STEP 3: ANALYZE

Ensure the selection, design, and implementation of strategies are linked to the inequities identified in Step 1, and will work to advance health equity. Consider the following:

- Is the strategy **TARGETED** to a population group(s)/area(s) experiencing health inequities?
 - Is the outcome written in a way that allows you to measure the effect of efforts?
 - Is it culturally tailored to the unique needs of population group(s)/area(s) experiencing health inequities, and are potential barriers addressed?
- Does the strategy rely on **SITE SELECTION** (e.g., selecting X number of sites for smoke-free cessation services, creating X number of farmers' markets)?
 - Do selection criteria for sites reflect populations/areas with the highest burden?
 - If not, are selection criteria logical and justified?
 - Are there additional supports provided for selected sites that might require them to be successful?
- Is the strategy **POPULATION-WIDE**?
 - Have population(s)/area(s) experiencing health inequities been engaged in efforts to identify possible barriers and unintended consequences of the proposed strategy?
 - Are identified barriers regarding implementation and enforcement being addressed?
 - Have potential unintended consequences been considered and accounted for in proposed activities?

STEP 4: REVIEW

Review evaluation and monitoring plans to ensure health equity-related efforts will be measured. Additionally, ensure appropriate data will be collected to conduct sub-analyses. These data will help in assessing the differential effects of each strategy across population group(s)/area(s), as well as the overall impact of strategies on reducing health inequities.

SUGGESTED CITATION: Centers for Disease Control and Prevention - Division of Community Health. Health Equity Checklist: Considering Health Equity in the Strategy Development Process. Atlanta, GA: US Dept of Health and Human Services; 2010.

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DATA MATTERS

State, County-Level, Collected by Experts

27% of Children in Allen County are food insecure, data from Feeding America

Community Level, Collected by Community

The amount of shelf space in local stores devoted to alcohol, tobacco, and sugary snacks versus healthy foods.

What is more impactful to pass local level healthy retail policies?



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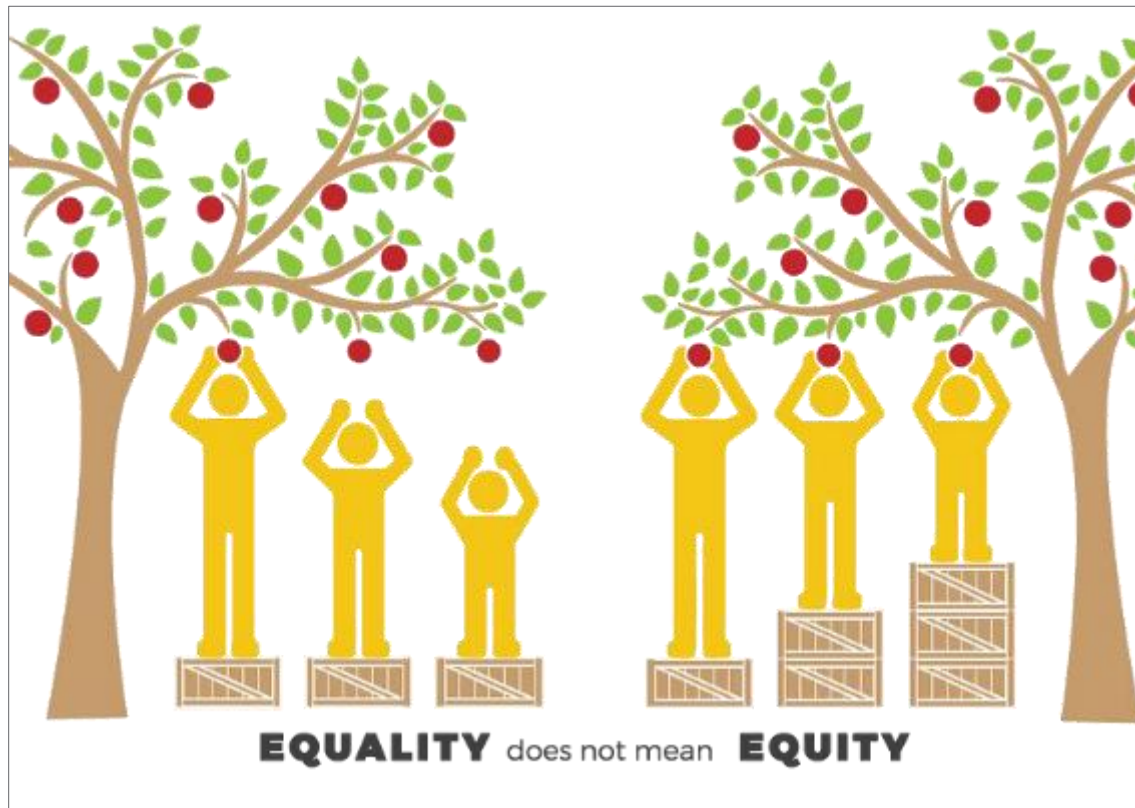
DON'T FORGET TO TELL A STORY

“People love to say, “Give a man a fish, and he’ll eat for a day. Teach a man to fish, and he’ll eat for a lifetime.” What they don’t say is, “And it would be nice if you gave him a fishing rod.” That’s the part of the analogy that’s missing.”

— [Trevor Noah](#), [Born a Crime](#)



HOW TO TALK ABOUT THESE CONCEPTS?



HOW TO TALK ABOUT THESE CONCEPTS?



EQUALITY



EQUITY



JUSTICE

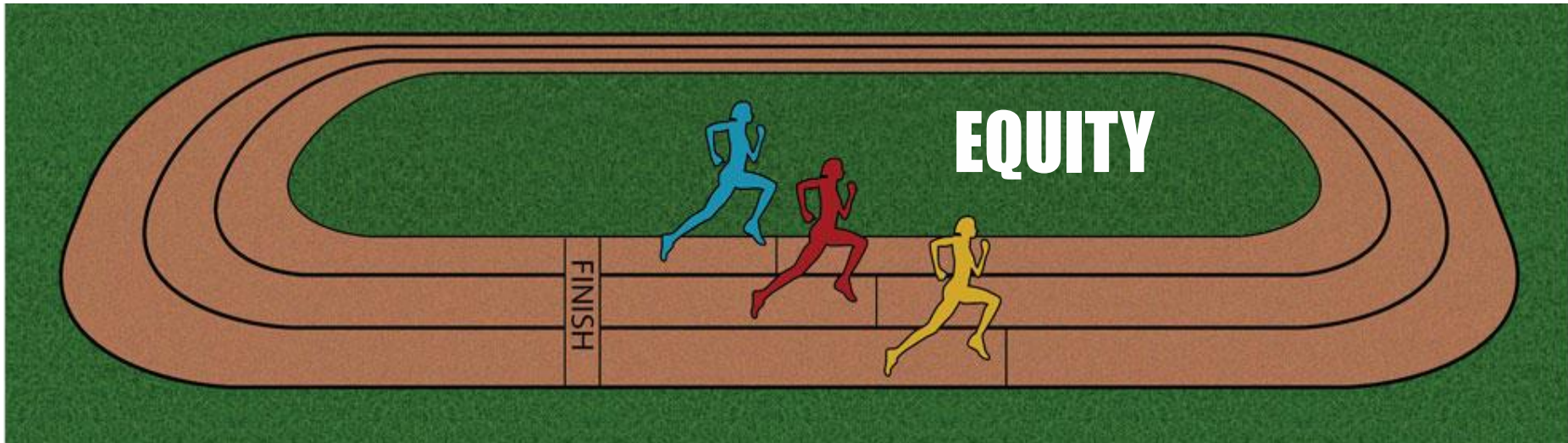
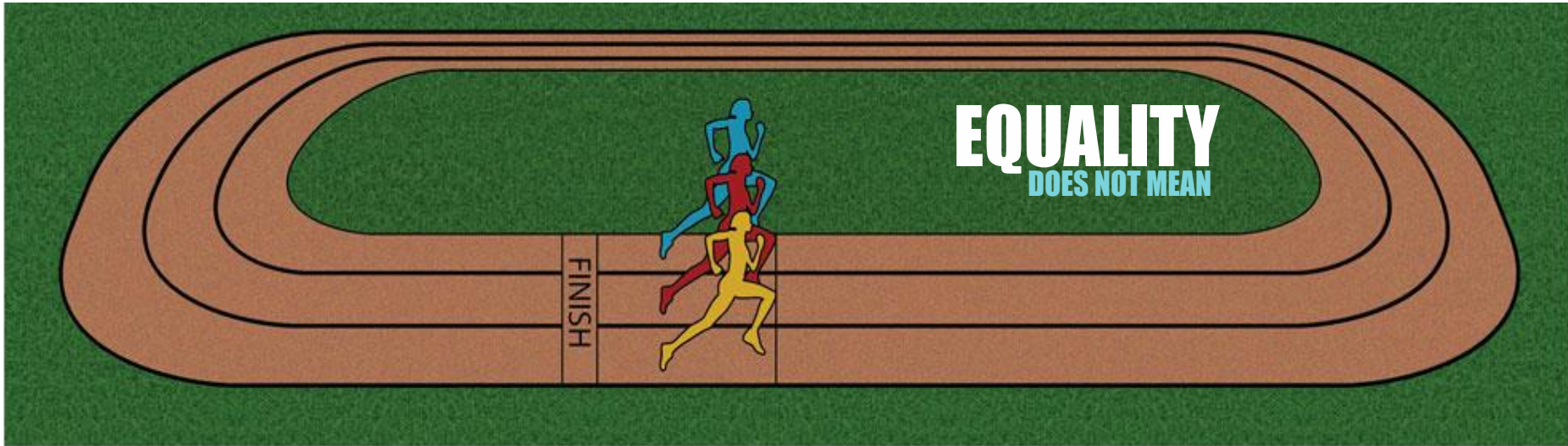


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